

Superseded 5/12/2015

26-40-110 Managed care -- Contracting for services.

- (1) Program benefits provided to enrollees under the program, as described in Section 26-40-106, shall be delivered in a managed care system if the department determines that adequate services are available where the enrollee lives or resides.
 - (2)
 - (a) The department shall use the following criteria to evaluate bids from health plans:
 - (i) ability to manage medical expenses, including mental health costs;
 - (ii) proven ability to handle accident and health insurance;
 - (iii) efficiency of claim paying procedures;
 - (iv) proven ability for managed care and quality assurance;
 - (v) provider contracting and discounts;
 - (vi) pharmacy benefit management;
 - (vii) an estimate of total charges for administering the pool;
 - (viii) ability to administer the pool in a cost-efficient manner;
 - (ix) the ability to provide adequate providers and services in the state;
 - (x) for contracts entered into or renewed on or after January 1, 2014, the ability to meet quality measures for emergency room use and access to primary care established by the department under Subsection 26-18-408(4); and
 - (xi) other criteria established by the department.
 - (b) The dental benefits required by Section 26-40-106 may be bid out separately from other program benefits.
 - (c) Except for dental benefits, the department shall request bids for the program's benefits in 2008. The department shall request bids for the program's dental benefits in 2009. The department shall request bids for the program's benefits at least once every five years thereafter.
 - (d) The department's contract with health plans for the program's benefits shall include risk sharing provisions in which the health plan shall accept at least 75% of the risk for any difference between the department's premium payments per client and actual medical expenditures.
- (3) The executive director shall report to and seek recommendations from the Health Advisory Council created in Section 26-1-7.5:
 - (a) if the division receives less than two bids or proposals under this section that are acceptable to the division or responsive to the bid; and
 - (b) before awarding a contract to a managed care system.
- (4)
 - (a) The department shall award contracts to responsive bidders if the department determines that a bid is acceptable and meets the criteria of Subsections (2)(a) and (d).
 - (b) The department may contract with the Group Insurance Division within the Utah State Retirement Office to provide services under Subsection (1) if:
 - (i) the executive director seeks the recommendation of the Health Advisory Council under Subsection (3); and
 - (ii) the executive director determines that the bids were not acceptable to the department.
 - (c) In accordance with Section 49-20-201, a contract awarded under Subsection (4)(b) is not subject to the risk sharing required by Subsection (2)(d).
- (5) Title 63G, Chapter 6a, Utah Procurement Code, shall apply to this section.